

# ORKNEYJAR MEMBERSHIP & RENEWAL FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred or Social Media Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any allergies/intolerances? \_\_\_\_\_

Do you wish to participate in combat activities (includes target archery): Yes No

Are you a Member of any other Club affiliated with the Australian Living History Federation (ALHF): Yes No

If yes, please specify which Club(s): \_\_\_\_\_

Have you or do you intend to pay this year's ALHF affiliation fee through any other ALHF club? Yes No

## **Orkneyjar Incorporated INC1801317 (hereafter referred to as "Orkneyjar") Deed of Hold Harmless & Membership Application**

I, the here undersigned, intend to be legally bound and hereby agree to be legally bound for myself and for all successors in interest I may have, by this Deed, and hereby agree to hold harmless Orkneyjar, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on behalf of Orkneyjar against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others directly or indirectly arising out of any practice, instructions, or other activity related to my membership including travel to or from any Orkneyjar activity. I understand that the officers and members of Orkneyjar are merely teaching techniques of Martial Arts Systems and are in no way advocating the use of physical violence towards another person. Where engaged in combat activities with Orkneyjar I understand that the nature of these activities may require close physical contact with other participants. I understand that this physical contact is necessary and inherent in the context and nature of re-enactment combat. I acknowledge and understand that it is my right to decline participation in any activity (combat or otherwise) with which I feel uncomfortable or unsafe, and that I can state my feelings concerning any activity. I acknowledge that if I am uncomfortable with any situation, activity or individual that I may immediately state so, and that it is my right to remove myself from any situation, activity or proximity of any individual immediately and that I am encouraged to do so.

### **Risk of Injury:**

I understand that many of the activities will require me to be in good physical condition. I certify that I am physically able to participate in this activity and will further hold Orkneyjar, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this activity due to any physical defect or condition that I may have, whether now known or hereinafter discovered. I further acknowledge that in consideration for this activity, this deed shall not expire and shall be considered effective in perpetuity. I also understand that the activities will be undertaken in the safest possible atmosphere, however, as with any athletic activity, I am aware that participating in re-enactment activities and combat can be dangerous, involving the risk of injury, including, but not limited to: bruises, cuts, partial or full paralysis, muscle tears, sprains and strains, broken bones, eye injury, head injuries, alcoholic poisoning, death, and/or other impairments to body or mind. I acknowledge that the risk and type(s) of injuries will vary with the activities in which I choose to participate.

Consequently, I agree:

1. To accept all risks involved with the activities in which I choose to participate.
2. To obey officers, and their agents to help minimise the risk of injury to others and myself.
3. That failure on my part to abide by the rules of Orkneyjar will jeopardise my eligibility to participate as a member, and the Committee reserves the right to remove me without reimbursement at their discretion if they feel that I am acting in an unsafe or abusive manner and may apply further sanctions as allowed for in the Constitution.

### **Payment of Injury Expenses**

I understand that Orkneyjar, as well as any coordinators, officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, do not maintain accident medical insurance for any injuries resulting from activities, including any injuries sustained while travelling to or from an event. Where I am an ALHF Member, whether affiliated with Orkneyjar, or another ALHF Club, I am aware that the ALHF maintains a Personal Accident policy which covers financial members for injury. As such I am aware that I must be an ALHF Member to have such coverage when participating in Orkneyjar activities. I have understood all that is expressed in this deed of hold harmless, and I certify that I am of sound judgement, legally competent to agree to this deed. Additionally, I certify that I am eighteen years of age or older, or where below the age of eighteen years of age, I have consent of my Parent/Guardian to join Orkneyjar. I agree to pay the specified Membership Fee to be paid, as well as the ALHF Affiliation Fee where Orkneyjar is my Group of Affiliation.

### **Participation at Public Demonstrations and Paid Events**

I understand that when attending any Public Demonstration or paid event, that I shall assist the Club in running activities and stations as part of the demonstration. I further understand that certain events have high level of historical accuracy requirements, and I will follow the advice of the Committee to be able to meet those requirements. If you find yourself having difficulty meeting accuracy requirements, please speak with Club Members who can assist you.

**Payment to Orkneyjar Incorporated:** BSB: 062 595 Account Number: 10557688  
**Cash to the Treasurer of Orkneyjar Inc.** or to the club PayPal Account: paypal.me/orkneyjar

I hereby request to join as a new member or renew as a member of Orkneyjar Incorporated  
(Form can be posted to The Secretary, Orkneyjar Inc, PO Box 140, North Richmond NSW 2754 or scanned and e-mailed to: membership@orkneyjar.org.au)

Deed made between: (Full Legal Name) \_\_\_\_\_

Parent/Guardian of: \_\_\_\_\_ (Child's Full Legal Name where applicable)

Signed as a Deed (Signature): \_\_\_\_\_ on Date: \_\_\_\_\_

Year of Birth (Please state Year only): \_\_\_\_\_